

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572607

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51					
2			1					52					
3			2					53					
4			2					54					
5			1					55					
6			1					56					
7			1					57					
8			3					58					
9			1					59					
10			1					60					
11			1					61					
12			1					62					
13			1					63					
14			3					64					
15								65					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			1					TOTAL IND.					
TOTAL DEP.		19						TOTAL DEP.					
TOTAL CLAIMS		20						TOTAL CLAIMS					